

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration  
Submitted  
with Initial  
Filing      OR      ☐ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

First Named Inventor

**COMPLETE IF KNOWN**

Application Number

Filing Date

Group Art Unit

Examiner Name

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

*MINIATURIZED ANTENNA ELEMENT AND ARRAY*

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

PTO/SB/01-03-01

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number  or ☒ Correspondence address below

Name **ANTHONY MATULEWICZ**

Address **200 S. TENTH ST. SUITE 1111**

City **M'ALLEN**

State **TX**

ZIP **78501**

Country **USA**

Telephone **(954) 686-2348**

Fax **(954) 686-2916**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) **HEINRICH**

Family Name or Surname **FOLTZ**

Inventor's Signature **Heinrich Foltz**

Date **04/06/2001**

Residence: City **M'ALLEN**

State **TX**

Country **USA**

Citizenship **USA**

Mailing Address **6601 S. 33RD ST. BUILDING "F"**

City **M'ALLEN**

State **TX**

ZIP **78501**

Country **USA**

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) **LALEH**

Family Name or Surname **ASGHARIAN**

Inventor's Signature **Laleh Asgharian**

Date **04/06/2001**

Residence: City **M'ALLEN**

State **TX**

Country **USA**

Citizenship **USA**

Mailing Address **6601 S. 33RD ST. BUILDING "F"**

City **M'ALLEN**

State **TX**

ZIP **78501**

Country **USA**

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (11-00)  
Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

**ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
Page 2 of 2

**Name of Additional Joint Inventor, if any:**

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

JEFF

SHOOSHARI

Inventor's  
Signature

*J. Shooshari*

Date

4/9/01

Residence: City

McAllen

State

TX

Country

USA

Citizenship

USA

Mailing Address

6601 S. 33rd st. Bldg. "F"

Mailing Address

City

McAllen

State

TX

ZIP

78503

Country

USA

**Name of Additional Joint Inventor, if any:**

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

Country

**Name of Additional Joint Inventor, if any:**

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

Country

Burden Hour Statement. This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

FORM 0651-0032

Please type a plus sign (+) inside this box ☐

PTO/SB/81 (02-01)  
Approved for use through 10/31/2002 OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number

Filing Date

First Named Inventor

Title

Group Art Unit

Examiner Name

Attorney Docket Number

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Place Customer  
Number Bar Code  
Label here

Name	Registration Number
ANTHONY MIATULEWICZ	45,375

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

Place Customer  
Number Bar Code  
Label here

☒ Firm or  
Individual Name

ANTHONY MIATULEWICZ

Address

200 S. TENTH ST. SUITE 1111

Address

~~MCALLEN~~

City

TEXAS MCALLEN

State

TEXAS

Zip

78501

Country

USA

Telephone

(956) 686-2348

Fax

(956) 686-2610

I am the:

☒ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name

JEFF SHOOTER / The Wireless Internet, Inc.

Signature

*J. Shooter*

Date

APR 19, 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002 OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	
Title	
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Name	Registration Number
ANTHONY MATULEWICZ	45,375

Place Customer  
Number Bar Code  
Label here

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

Place Customer  
Number Bar Code  
Label here

☒ Firm or  
Individual Name

ANTHONY MATULEWICZ

Address

200 S. TENTH ST.

Address

SUITE 1111

City

M'ALLEN

State

TX

Zip

78501

Country

USA

Telephone

(954) 686-2348

Fax

(954) 686-2410

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name

Jeff Shostang

Signature

*Jeff Shostang*

Date

April 9, 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.